



MISSOURI BOTANICAL GARDEN

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GEORGE ENGELMANN BOTANICAL NOTEBOOKS

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O. Davis

1279-82

sumed from time to time, not one of these dangers will be encountered.

To what strange use statistics may be put, is illustrated in a paper published by Dr. Harold Williams, of Boston,* in which he furnished statistics, proving to his satisfaction, "That the high forceps operation should be undertaken with the greatest hesitation, inasmuch as its results to the mother are more fatal than Cæsarean section." This is another proof of the utter unreliability of statistics of operations collected at random from the journals, leaving the complications, time of performance and relative skill of the operators out of account. How much the dangers of the forceps operation are here exaggerated, will appear when we consider that the eighteen cases above reported constitute only the worst cases that I have encountered, and that after an hour's faithful tugging at the forceps the risks of craniotomy, and in two of them the dangers of version were added without losing a single mother. In the light of this experience, I am forced to say, at the risk of appearing dogmatic, that if the high forceps operation becomes dangerous to the mother, it is either a rare accident, or it is the fault of the operator. In most cases of this operation ending fatally, this result should be attributed to the long delay and the previous use of ergot. If ergot had not been given, and the forceps had been earlier applied, the mother's parts would not have become so hot, dry and adhesive as I have generally found them, and the probability is that in all those cases where the disproportion was small the delivery might have been effected without the use of the perforator. In a case of shoulder-presentation to which I was called at "the eleventh hour" the stickiness of the maternal and foetal surfaces was so great that after I had brought down the feet and fastened strong bandages to

them, it required my full strength and that of the midwife in attendance to deliver the hips and body of the child, although there was no narrowing of the pelvis.

The other side of the question is strongly advocated by Byford, of Chicago; Matthews Duncan, of London; Depaul, of Paris; Ellwood Wilson, of Philadelphia, and many other high authorities, McClintock, of Dublin, is opposed to version, and in favor of head-first delivery in contracted pelvis.

Fleetwood Churchill* says that in a pelvis of 3.25" in the conjugate diameter, turning is unnecessary, as a living child may be delivered through it either with or without the forceps. If the conjugate is less than 2.75" turning is unjustifiable, as a living child cannot be extracted. The limits of the operation then, are when the antero-posterior diameter is between 2.75" and 3.25". Barnes† says that in cases where the antero-posterior diameter is less than 3." turning is not to be tried.

Leishman‡ says that "when the conjugate diameter is less than *three* inches, to attempt to turn would be to subject the woman to needless risk, while we may be confident that nothing but failure would attend our efforts." He also says, that delivery with the forceps is a safer operation to the mother than turning. Cazeaux states that when version is performed in a pelvis of three, or less than three inches, the result is almost always fatal to the child. Capuron affirms that the fatality to the children delivered by podalic version in contracted pelvis amounts to 70 or 75 per cent. This is endorsed by Cazeaux. Version is fatal to the mother according to Cazeaux in about ten per cent. of the cases, (1 in 10½) while the statistics of Churchill place it at 7 per cent. (1

*Theory and Practice of Midwifery, Ed. of 1866.

†Med. Times and Gazette, Sept., 1868.

‡ System of Midwifery, Am. Edition, p. 520-1.

*Am. Journ. Obst., Jan., 1879.



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in 14). Chailly-Honoré says* that "obstetricians up to 1866 are agreed to consider malformation of the pelvis as a motive for the exclusion of version," and also that version should not be made where there is any disproportion between the head of the child and the pelvis of the mother. Spiegelberg,† perhaps the highest living German authority on obstetrics, restricts version to those cases where there is an unfavorable position of the head above the brim, preventing its engagement, or to inefficient pains. In these cases it is indicated when it can be performed at the proper time. The cases should likewise be selected. It is only in flat pelvis that version should be undertaken; in the uniformly contracted pelvis it is worse than useless. Dr. Angus McDonald‡ states it as his opinion "that turning does not present any proved advantages to the mother over long forceps in cases of contracted flat pelvis, and is undoubtedly more dangerous to the child. That it is entirely unsuitable when the contraction is general, being much more dangerous to the mother than long forceps or any of the higher operations."

The late Professor Hugh L. Hodge, perhaps the greatest master among American obstetricians, in a paper written just before his death, says: "It has been said that success justifies the means; but how a practitioner can be justified, in a protracted case of delivery, where the waters have long been evacuated and the body of the uterus firmly contracted upon the body of the child and placenta, and when a portion, if not the whole, of the presenting part has passed the circle of the os uteri, in attempting version, is inexplicable. *A priori*, it

* Quoted by Wilson, Am. Journal of Obstetrics, VIII, p. 679.

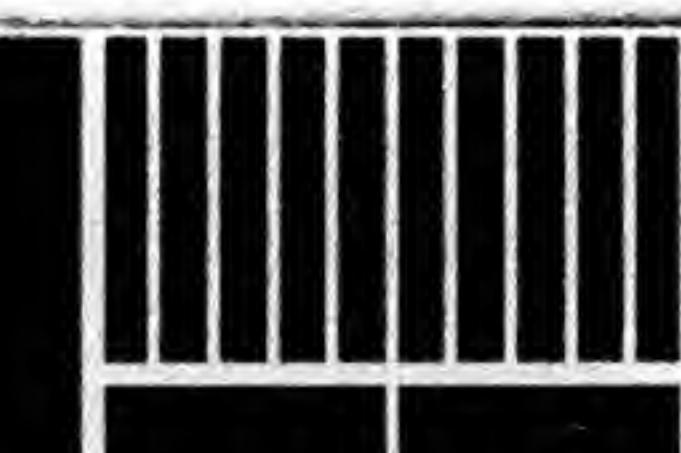
† Quoted on the authority of Dr. J. C. Reeve, Am. Journal of Obstetrics, vol. IX, Review.

‡ On the Comparative Advantages of Forceps, of Turning and Premature Labor in Contracted Pelvis.—*Obstet. Journal of Great Britain and Ireland*, Nov., 1873.

would seem to be impossible. The uterus is firmly contracted to a comparatively small size, there is no room for the return of the presenting part, and every attempt to push up the head and to introduce the hand must be of the most imminent danger to the integrity of the vagina and uterus, and we know that the operation is often impracticable and fatal. No latent hope that the child might possibly be saved under these circumstances can compensate for the immense risk to the mother." *

My eighth case furnishes pretty strong evidence that a living child can not be delivered by version after the forceps have been fairly tried and failed. It was a delivery of twins. The first born having been delivered with comparative ease after perforation and partial evacuation of the contents of the cranium after failure to deliver by the forceps previous to the perforation, I thought, here, if ever, was the case to test the merits of the question. Finding that after the most persistent efforts on my part, the second child also could not be delivered with the forceps, I proceeded to deliver by version. Although I finally succeeded in delivering the head without perforating, the child perished before I could accomplish its delivery. The mother having refused to take chloroform, suffered much more from the delivery by version than from the previous one by craniotomy. In two other cases, not included in those above reported, I have tried version after the forceps had failed. In the first of these, the delivery could not be accomplished without perforating, which was done by another operator. The mother died some hours after the delivery. In the second case, multipara, disproportion in size of head to pelvic canal, the mother being an educated German midwife, requested a

* On Compression of the Foetal Head by the Forceps and Cephalotribe. Am. Journal of Obstetrics, May, 1875.



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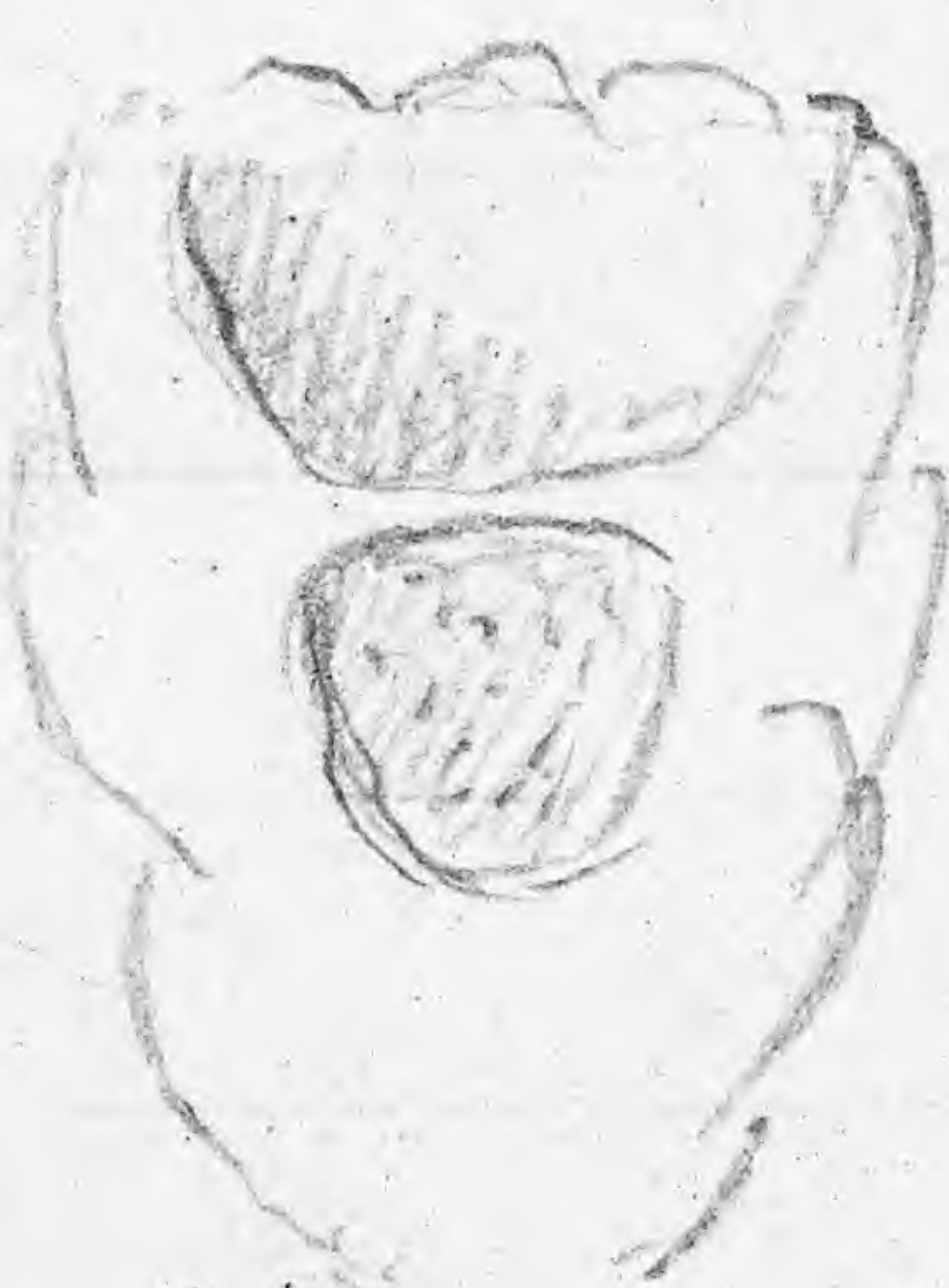


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Jan 15 1883

Opuntia Dovii

15 Loyal Valley, Texas



J. Mennebach
Geo 1882

yellow - yellow when fully ripe
fruit greenish soft, but not pulpy
136 fruits examined, only in 2 a single
seed, all others absolutely sterile

fruit with 20-25 areoles in $\frac{1}{13}$ order
(all off them!) on very prominent tubercles
areoles without spines, but with fine pale
branched or bristly at the upper end



seed regular, commissure broad
flat with a slight ridge in the
middle (at least in the single
seed seen)



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Hoping to hear from you soon of the
arrival of the leaves,

I am, Yours respectfully,
C. R. Bratt.

200/000/000/000/000

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SSLC

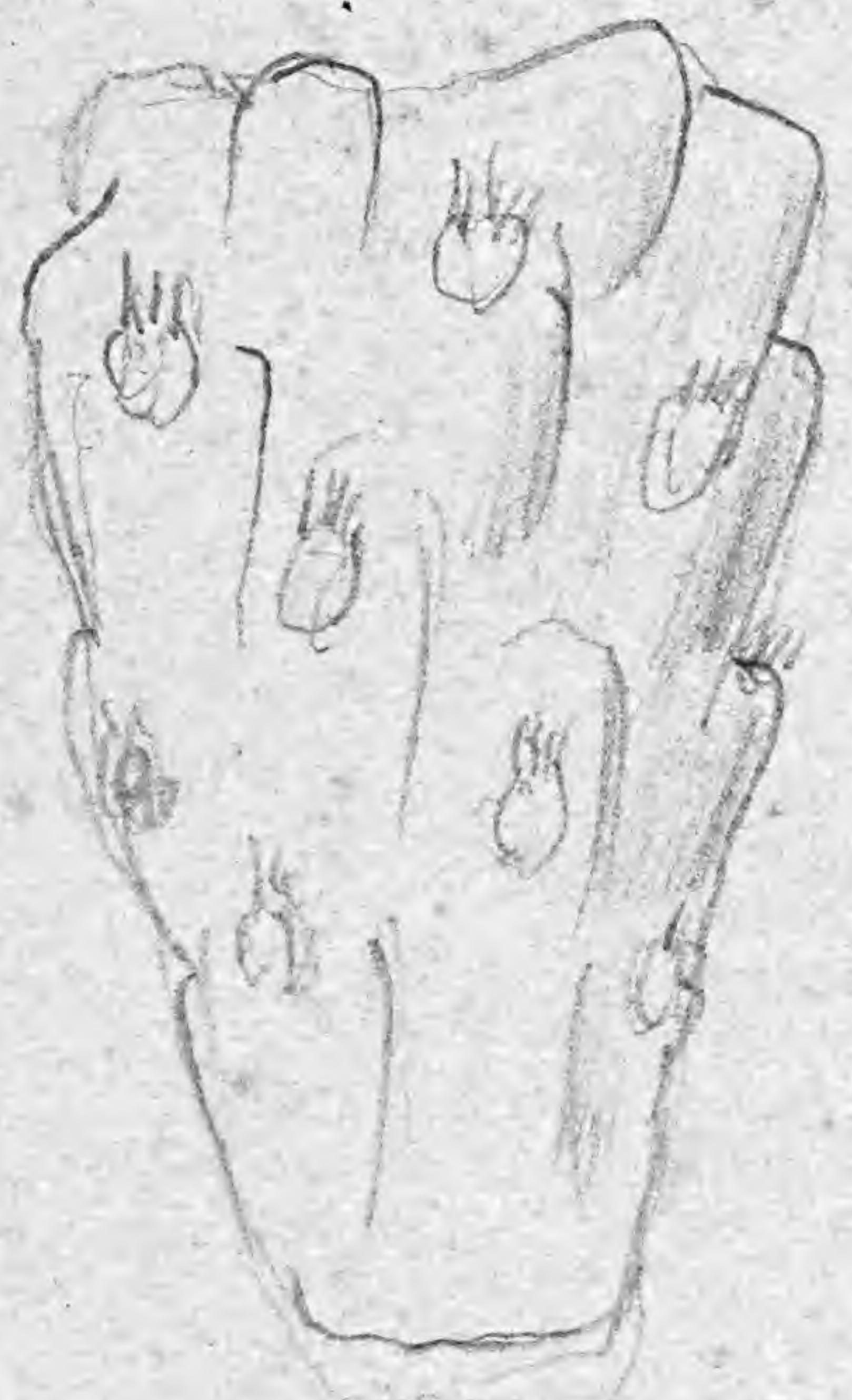


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Opuntia Davisii
sterile fruit

7/11

West Texas, Marathon
adult 21 areoles

Zbba 22 1880



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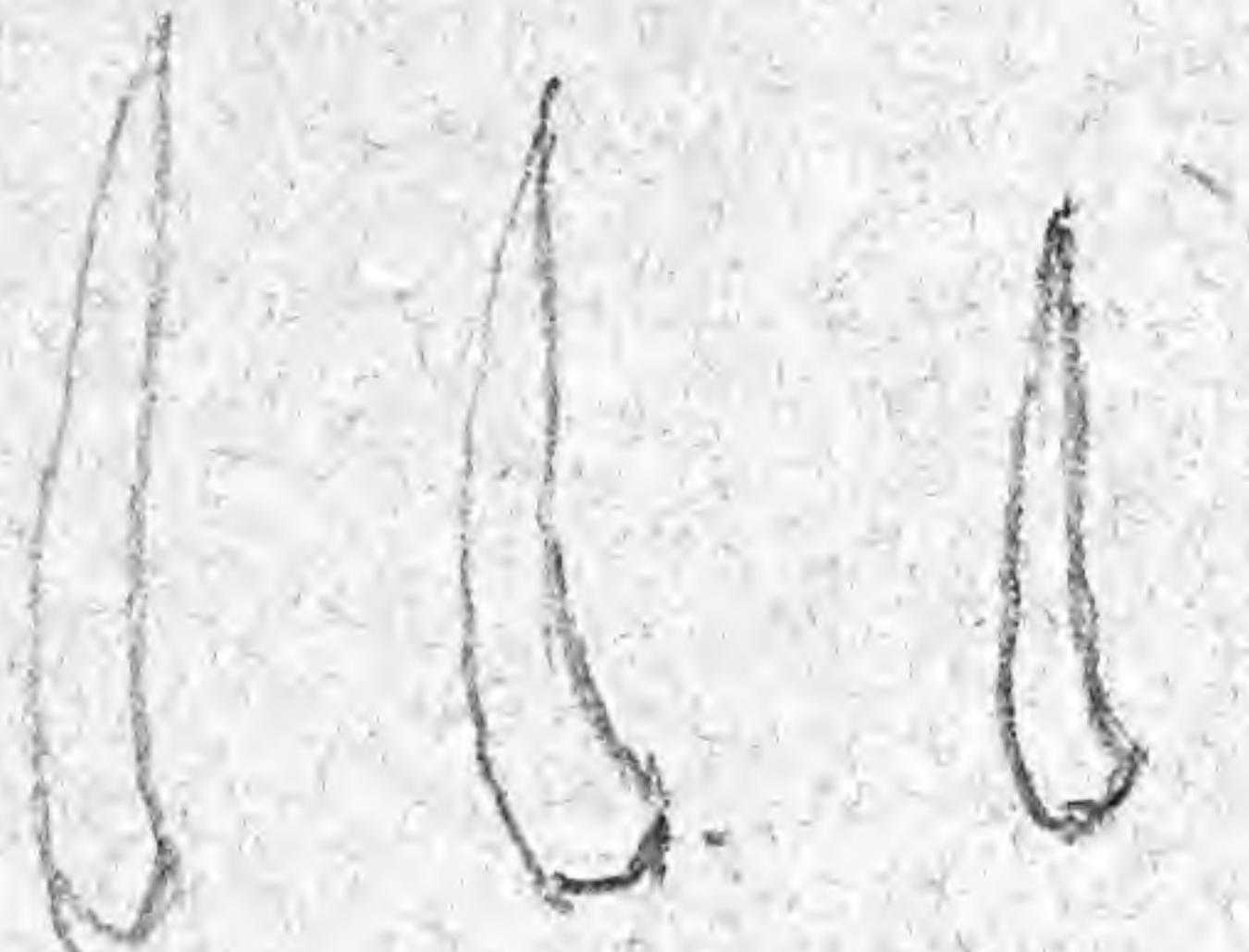
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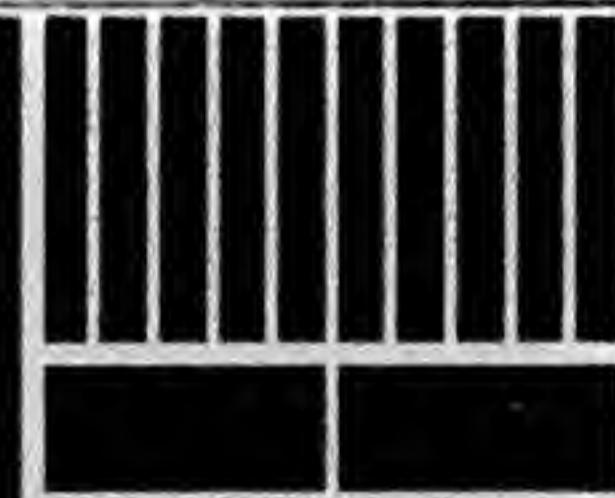
Opuntia Davisii

New Texas



Call by me, J
leaves 5-7 lines long
12-17 mm

July 1877



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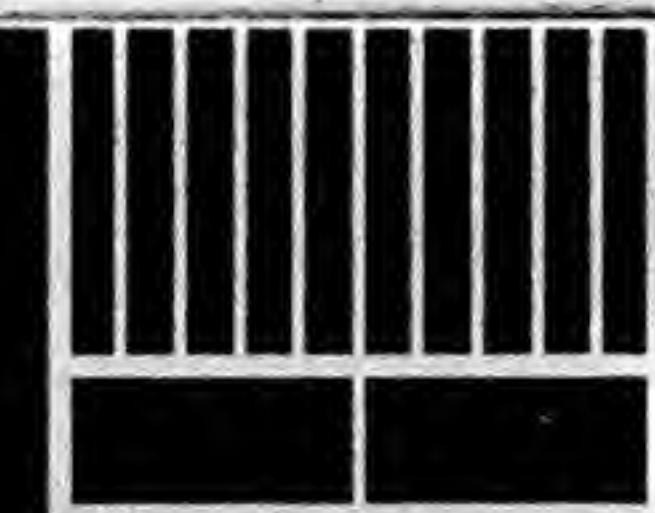


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Opuntia Davisonii
from west Texas

July 3rd 1878

call in my yard

petiolous
leaves horizontal
about 7-8 lines
long



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cm

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O Bernardine
1283-7

system of classification, but such subjects as are of more importance in the author's estimation are discussed to greater or less extent, according to individual bias. This book has recently been revised and enlarged by new suggestions and advanced opinions. Its clinical teachings have been modified to conform to the most recent views in practice. Exceptions will be taken by many to some of Dr. Hewitt's peculiar views upon pathology and treatment, but the fair minded thinker will give him credit for his sincerity and courage in defending his convictions.

THE AMERICAN PUBLIC HEALTH ASSOCIATION will hold its eighth annual meeting in New Orleans, commencing Tuesday, December 7th, 1880, and ending Friday, December 10th, 1880.

Papers will be presented on Abattoirs, Epidemics, Life Insurance in its relation to Public Health, The Storm-water question in City Sewerage, The Sanitary Engineering problems of the Mississippi River, The Hygiene of Emigrant Ships, The Prevention of Venereal Diseases, Voluntary Sanitary Associations, etc., etc.

The special questions suggested for discussion at this meeting, in addition to those connected with the papers above referred to, relate to methods of preventing the spread within a town or city—after they have once been introduced—of such contagious or spreading diseases as Diphtheria, Scarlet Fever, Yellow Fever, Measles, Small Pox, etc., and are as follows:

A.—What are the best means of securing prompt and reliable information as to the presence and location of cases of such disease?

B.—What are the best means of securing isolation of the first or of single cases of such diseases, and what are the chief difficulties in securing such isolation?

C.—Under what circumstances is it

proper to declare such diseases epidemic in a place?

D.—Under what circumstances is it proper to recommend the closure of schools on account of the prevalence of such diseases?

E.—What precautions should be taken at the termination of each case as to—

a.—Care and disposal of the dead?

b.—Disinfection and cleansing of the room and house?

c.—Period of time at which it is safe to allow the convalescent to return to school or society?

Brief practical papers upon any or all of these points are earnestly requested, and it is hoped that those attending the meetings will come prepared to give the results of their experience upon the questions, and to make positive recommendations.

Gentlemen who propose to present papers at this meeting are respectfully requested to notify the President or Secretary of their intentions and of the title of their papers, in order that they may be assigned a proper place in the programme.

By order of the Executive Committee, [Signed]

JOHN S. BILLINGS, M. D., *Pres.*

E. H. JANES, M. D., *Sec.*

DR. JOSEPH H. WARREN, of Boston, has been grandly received in London. After reading a paper before the Royal College of Surgeons, he was not only feted by several members of the profession, but was given a reception by the editors and publishers of the *Lancet*. His new work on *Hernia* is nearly out of the printer's hands. Sir Henry Thompson has accepted the dedication. It will be issued in London—and simultaneously in this country, by Mr. Charles N. Thomas, of this city,—solely to subscribers. As a whole, the work promises to be of great value and attractiveness.—*Med. Library Journal*.



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A SEMI-MONTHLY JOURNAL OF
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BALTIMORE, OCTOBER 15, 1880.

EDITORIAL.

THE LIBRARY OF THE SURGEON GENERAL'S OFFICE.—This Library, located on 10th street, between E and F, Washington, D. C., is a vast store house of medical knowledge. With consummate skill and management, over one hundred thousand volumes of medical and scientific works have been collected and filed in this library. These volumes are arranged with such perfect order and system, that within a few moments any one may be secured by the librarian, and is made ready for immediate use. No time is lost in searching through dusty shelves for any information desired, but by a few moments reference to a catalogue, provided by the librarian, the title of a book, its date of publication, number and volume are given. Recently an *Index Catalogue* has been issued by the War Department, compiled under the direction of Dr. J. S. Billings. This catalogue will be complete in about ten volumes. The magnitude of this work may be appreciated when it is understood that volume I, of some nine hundred pages, includes only the letter A. to Berlinski. Congress appropriated \$20,000 for the preparation of the first two volumes; but this appropriation is entirely inadequate to complete the work, and additional aid must be rendered by the Government. This *Index Catalogue* includes not only the names of authors, but titles of original articles in books, medical journals and transactions contained in the library. It will thus appear that its value is immense to every student of medical sciences who

may have occasion to make use of the library. Only a limited number of the *Index Catalogue* has been published, but is understood that copies may be obtained from the Government printing office by enclosing two dollars for each volume. It frequently happens that the writer of an original article has occasion to refer to authorities which can only be found in the library of the Surgeon General's office. It becomes a matter of necessity to visit Washington to secure the information desired, unless this catalogue is at his command. By reference to the catalogue it may be ascertained whether a desired volume can be found in the library, and also the character of the various publications bearing upon a given subject. By a most admirable arrangement at the library access to books desired for temporary reference may be obtained under a reasonable guarantee of their return by the reader, by the following handy method: A letter should be addressed to the librarian, giving the titles of books and authors, and a guarantee of their return. The books designated—if not otherwise in use—will be forwarded and deposited in some adjacent library, where they can be examined. It will be observed that this plan will only work in cities containing large public libraries, where books are carefully guarded. However, it will often prove of great convenience to writers living at a distance from Washington. Whenever it is possible to visit the library in person, it will be found provided with conveniences for writing, and with accomodating and intelligent officers willing to render any reasonable assistance. The great growth of medical literature, past and present, makes a library of this character an absolute necessity. The Government has liberally provided for its support; but it should be the pleasure and duty of every physician to contribute books, periodicals and transactions to an institution which guards with jealous care every donation made to it. The management of this library should be a model for the government of similar institutions throughout the country. Every city, and even many small villages, can boast of one or more libraries containing a few hundred, or perhaps a few thousand, volumes; but as a rule, these books are kept with such indif-



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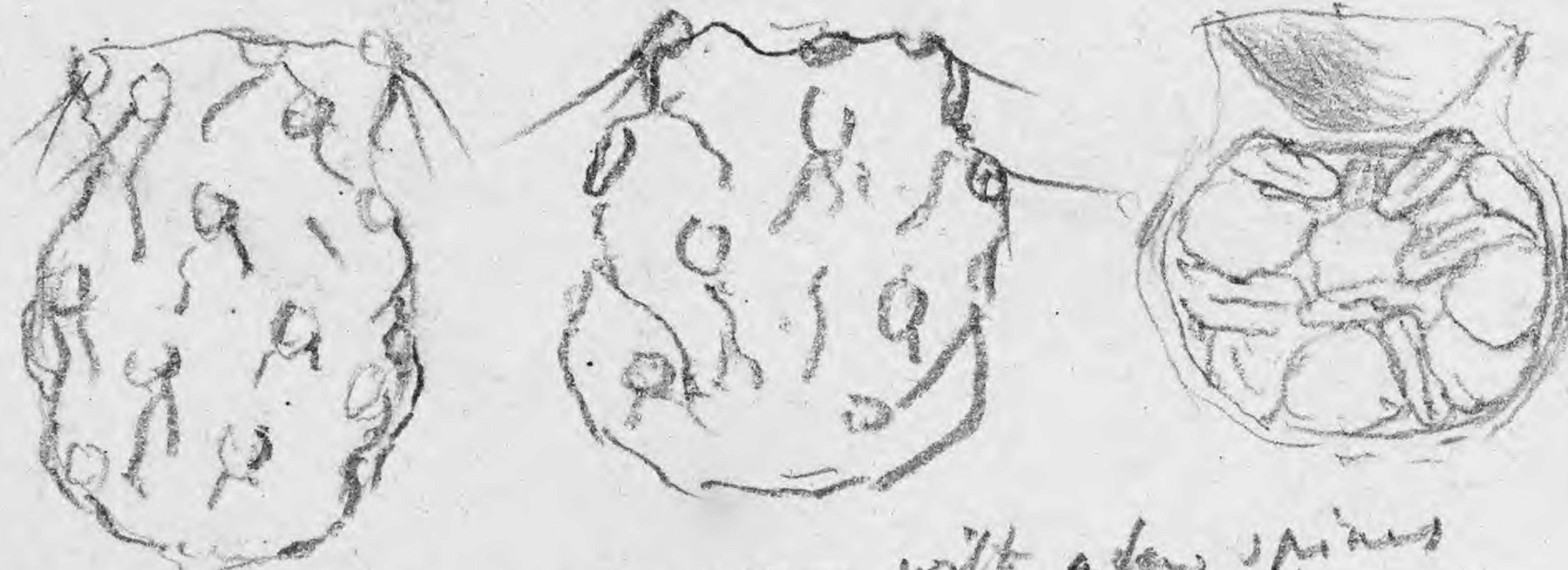


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GARDEN

just dry and shrivelled

March 29 1881
opened Bernardina

S. Bernardina Sept 1880



about 20 seeds, upper ones with a few spines



seeds rather irregular
with rather narrow
commissure - running out
into an often persistent pointed



Calydion
aromaticum
s. variabile



about 3 $\frac{1}{2}$ lines, 7 mm
- diameter
only 3 or 4 lines diam



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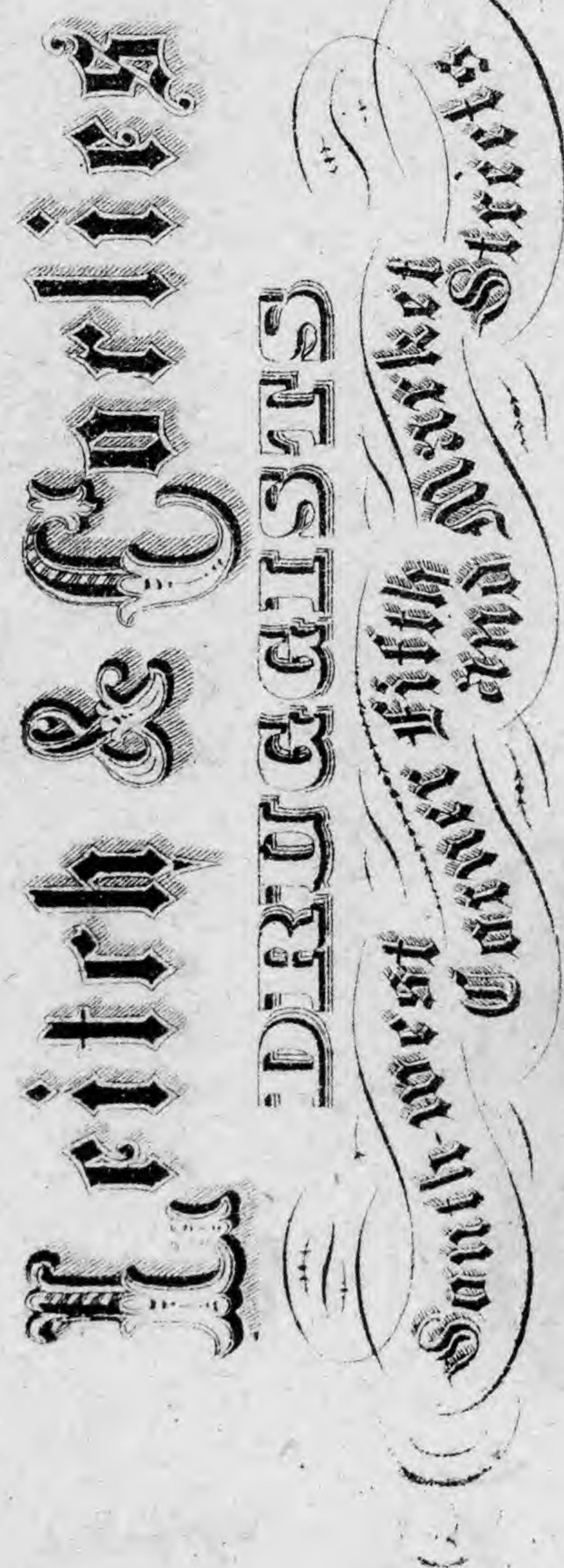
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Corolla rotate

petals straight

cross margin and

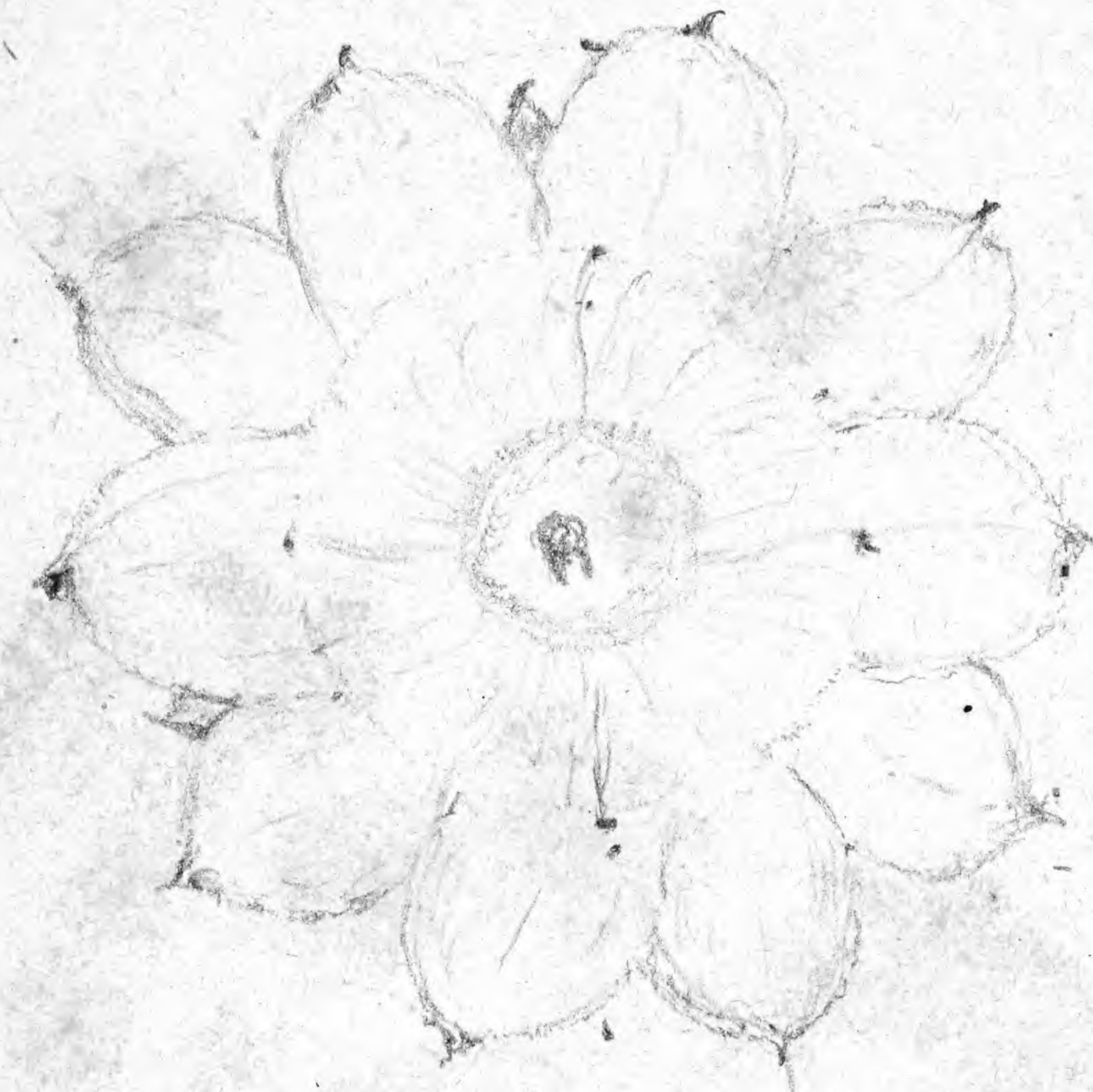
tips with a few short

traces.

Light straw yellow

center with purplish tints

The anthers to prominent
in the flower and
in the fruit



T. converging stigmata

0



greenish
yellow

outer stamens horizontal
about $\frac{2}{3}$ length of petals
shorter than the 5 of C
internal stamens
converging in a mass
stamens 3 $\frac{1}{4}$ mm
filaments rounded
tapering to a slender
insertion of anthers

Style
Fig. 200 a cylindric
such long filament
with 7 yellowish stigmata
converging to a rounded
summit

Bud



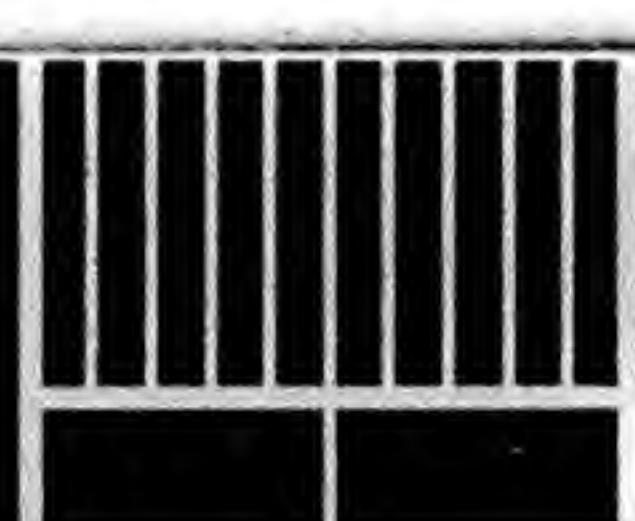
Full red

prominent red foliodes
covering the tubercles
deciduous

(all natural size)

Opuntia Bernardina Engel

Colton May 24th 1881 C.C. Parry



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2761

Miss. 8
B. B.
B. B.
B. B.

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habit. 9" 3" dia.
leaves - 9/13 6-8 ft. and more
7-10" long
sp. 2-3" 3-5" in. dia.
6-7" long
Ogallala
Colo Aug 1881



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Calendula
arvensis +
officinalis

2762

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Sept 2 Nov 1880 *Bernardina macrostoma*

Opuntia (G. undropentia) of the San Bernardino plains, extending along the base of the Mountains to where the rail road crosses the Mountains, but not into the Mohave desert (here replaced by *O. echinocarpa*)

coast, with no whorl or coathair branches, rather slender, and (on root of the few and distant spines) green looking: 2-5 feet high; areoles nearly terminal on the slender, elongated tubercles ($1-1\frac{1}{4}$ inches long); areole $\frac{3}{4}$ inch apart (or crossways hardly $\frac{1}{2}$ inch)

flowers greenish yellow (Parry) extremely fragrant brownish red, 1 inch wide or $1\frac{1}{4}$ -foot dry, seeds large

The old bark with few, distant, areoles sheltering minute

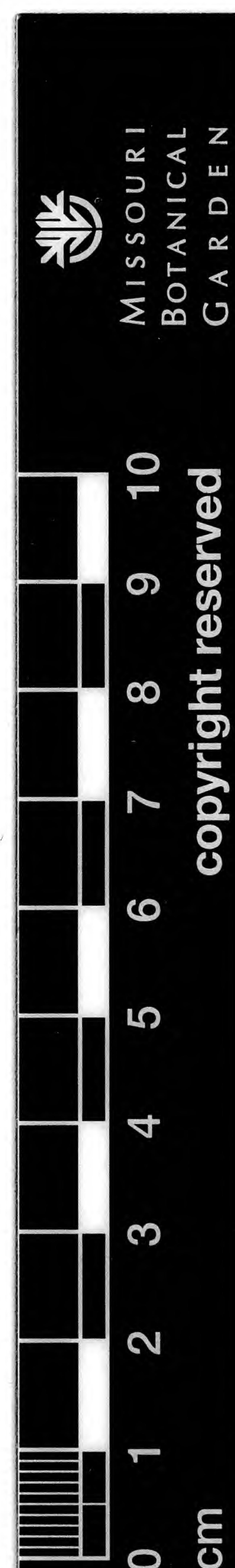
leaves 2 long cyl, 1 cm thick.

younger shoots $\frac{3}{4}$ inch dia, older $1-1\frac{1}{4}$ "

— a thicker and more springy form seems to occur along the rail road from Los Angeles northeastward, and toward the Soledad Pass

Opuntia Bernardina

San Bernardino Nov 9th
1880



2763

1881. *Geijera australis* (Pursh.) Steyermark

L. B. CASE, EDITOR AND PUBLISHER.

• a u i z r v i l i f i r a u r i a g i l i a r i u m i a r i s u i l i e u

A decorative border featuring a repeating pattern of stylized letters and flourishes. The pattern consists of a series of letters, possibly 'M' or 'W', rendered in a bold, black, Gothic-style font. Each letter is intricately decorated with fine lines and small, diamond-shaped patterns. The letters are arranged in a staggered, flowing manner, separated by delicate, swirling flourishes and small, decorative scrollwork elements. The overall effect is one of a formal, historical, or artistic design, likely from a book or a formal document.

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—И О— ЗЕПСИЯ.Д

THE BOTANICAL INDEX,
ISSUED QUARTERLY IN THE
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Opuntia *Bernardina*

Sonoma S. Bernard Nov 9th
1880

areolar nearly terminal on tubers
tubers long slender. I noted it
also on a Road N.E. of Los Angeles, with San Joaquin
Calif.



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trunks further down east Colchet Pass

near 2050' alt. top of Colchet Pass N. side

in th. Pass, 2800' just west of Summit Sp.
elevation? is up like that no more

2764 Calif. Coast. bushes of 6-7 in.

2765 at base again at 2700 Pass 2850
+ immediately open brush

Soil like fill, thin glaze - mostly dry
Hotel, Ryan Ranch, Panjt. Austin



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" He did not make any notes of
the color of flowers so I opened a
Bermudaia, as we learned from
Dr. Parry that he was making
notes of them for you - Externally
they are red, with more or less green,
& internally yellow, the colors all
dull. S. A. Parish. Oct 1881



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June 1st 1882

Opuntia Bernardia sub with flowerbeds fresh from
Cotton by D. Amy.

Flowering joint 10-12 lines thick; thorns elongated, 12-15 l. long,
not very prominent; flowers only on the upper end; oval, abt 2 l. long;
leaves on young shoot abt 4 cm by ^{1/2} spreading, often crowded together.

Flowers 1 inch long by 7 mm diam. about 12 mm. apart, with abt 25 anthers,
on top of elongated tubercles
With the leaves $1\frac{1}{2}$ or 2 (the lower) to 4 cm by, spreading, and a few
hairs spines
and outside (sepals) (copper colored or) purple-greenish
inside apparently yellowish. outer sepals 8 or 10 about 12 mm
cuspids in an 6-8 layer, obvolute, ~~only~~ shortly exsert
petals 5-6 obvolute (obvolute or short) cuspids, stigmas 6-7.

June 5th A flower opened today; open 20 lines; petals only
5 greenish yellow, obvolute, cuspids 5 lines wide; abt
4 inner sepals, nearly equal to the petals in shape, but coarsened,
with brown purplish tips; stigmas ~~6~~ 6 capitate white



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